

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032993

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 227 Primary Registration District No. 5806 Registrar's No. 40

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SANTA FE-Southfork Twp.</b>		c. CITY OR TOWN <b>SANTA FE</b>	
Length of stay in 1b <b>60 YRS.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>N. SANTA FE</b>		d. STREET ADDRESS (If outside, give location) <b>N. SANTA FE</b>	
3. NAME OF DECEASED (Type or print) <b>ROBERT MERLE CRIGLER</b>		4. DATE OF DEATH <b>AUGUST 17, 1963</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/8/1903</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CIVIL ENG. &amp; FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CIVIL ENG. &amp; FARMING</b>	
13a. FATHER'S NAME <b>LEE CRIGLER</b>		13b. MOTHER'S MAIDEN NAME <b>MAMIE MCGEE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>YES W W II</b>		16. SOCIAL SECURITY NO. <b>57</b>	
17. INFORMANT <b>MAC SNYDER</b>		Address <b>SANTA FE, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>N.R.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>2-3-51</b> to <b>8-17-63</b> and last saw him alive on <b>8-16-63</b> Death occurred at <b>4:00 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>J. A. Barnett, M.D.</b>		22b. ADDRESS <b>Paris, Mo.</b>	
22c. DATE SIGNED <b>8-17-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>8/19/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SANTA FE CEM.</b>	
23d. LOCATION (City, town, or county) (State) <b>SANTA FE, Mo.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>E. H. AGNEW - PARIS, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8-17-63</b>	
26. REGISTRAR'S SIGNATURE <b>J. A. Barnett M.D.</b>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

SEP 6 1963

AUG 29 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Robert C. Wood*

Licensed Embalmer No. 5205

P. O. Address Paris, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.